

## NDSD Future Services Plan

Date: April 12, 2010

### General Recommendations:

North Dakota should establish a Center of Excellence (CoE) that will be responsible for the maintenance of existing services, identification of and provision of expanded services, expansion of outreach services, development of a model school status and other related services for individuals who are deaf or hard of hearing (a draft outline of the structure will be developed for review by the TT).

- Maintain and expand programming and services (infant, preschool, residential, outreach, research, etc.);
- Identify, develop, manage and maintain a continuum of services that are available and accessible for/to all North Dakota citizens who are deaf or hard of hearing;
- Provide an information and referral service for individuals, families and the public;
- Develop a public awareness and education campaign;
- Provide and coordinate data and research services as they relate to the full continuum of services;
- Explore the development of technology-based services and initiatives and coordinate the implementation of specific options as they are deemed appropriate;
- Establish and maintain quality standards that promote a statewide policy/philosophy on services and support consistency from community-to-community and provider-to-provider;

*Task #1: Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired."*

### **Profile Group: Infants – 0 to 2 years of age**

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<p>-Services to any special needs group will be more cost intensive than those for the "general public" and the comparisons of these costs must be made in that context.</p> <p>-Part C of IDEA provides services for this age group.</p> <p>-It is critical to identify children with a hearing impairment early. To that end, the Child Find effort</p>	<p>-ND Parent Infant Program for Families of Deaf/Hard of Hearing Infants: developmentally appropriate, home-based, individualized service to the families with emphasis on intervention for hearing loss.</p> <p>-Collaboration with other Agencies.</p> <p>-Support parents' efforts to learn more about their child's hearing</p>	<p>-General needs.</p> <p>-There is a general need for expanded Information and referral resources to parents and the public.</p> <p>-Parents and children do not possess the knowledge and skills necessary for them to adequately and appropriately advocate for</p>	<p>-Continue the provision of current parent and infant programming.</p> <p>-See "General Recommendations."</p> <p>-Support and enhancement of families' advocacy through parent-to-parent support, training and mentoring including potential</p>

<p>supports newborn hearing screenings. North Dakota has no mandatory screening process and currently provides no funding for these services. Child Find has provided screening equipment and all of North Dakota's birthing hospitals do voluntary screenings. North Dakota currently screens 97% of newborns and that is above the national average.</p> <p>-NDSD Outreach provides services to families and children in this area. Currently, Outreach Services serves children and their families in all regions of the state.</p> <p>-Special education units provide preschool services regionally.</p> <p>-NDVS/SB has a model of service provision for this age group.</p> <p>-Services vary from community to community, but parents and students want to have choices in services based on their specific, unique needs and this relates directly to the common value of creating and enhancing a continuum of services.</p> <p>-University staff and faculty are</p>	<p>loss.</p> <p>-Language &amp; Auditory Fun Program Developmentally appropriate, group learning for child, sibling and parents.</p> <p>-Sign language coordination with NDSD classes &amp; materials.</p> <p>-Small group, direct learning opportunity in a center-based environment close to home.</p> <p>-Play Group organized by PIP staff.</p> <p>-Family Learning Vacation.</p> <p>-Parent ListServ by Outreach Staff.</p> <p>-One Outreach staff member has severe to profound, bilateral hearing loss.</p> <p>-Connections newsletter.</p> <p>-Partnership between Minot State University and NDSD to provide a service in the Minot region (Great Plains Auditory Learning Services).</p>	<p>their needs.</p> <p>-Parents and family members need more access to and instruction in sign language.</p> <p>- The general public lacks a working knowledge of the available resources and services for individuals who are deaf or hard of hearing.</p> <p>-There is currently no mandatory infant screening process and there are no funds available to support these services.</p> <p>-The equipment that is currently in</p>	<p>partnerships with advocacy and other organizations.</p> <p>-Explore use of newer technologies to provide ASL training to parents.</p> <ul style="list-style-type: none"> <li>• SKYPE, webcam, video phone</li> <li>• TED programs including cost for internet connection</li> <li>• Use of NDSD alumni</li> <li>• Use of distance audiology</li> </ul> <p>-Establish a public education and awareness campaign to inform the public of existing programs/services and promote the services of the ND Department of Human Services and the Center of Excellence.</p> <p>-Develop and promote legislation to require mandatory hearing screening for all newborns before they leave the hospital.</p> <ul style="list-style-type: none"> <li>• One of 3 remaining states that does not require.</li> <li>• Data collected but not routinely compiled and tracked.</li> <li>• Legislative Council can be accessed for prior legislation and fiscal note (LR and DO will bring recommendation to next meeting).</li> </ul> <p>Require that all birthing hospitals</p>
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<p>supportive of the recruitment, training and retention of qualified professionals and wish to assist in any way possible.</p> <p>-The law says that a free, appropriate, public education (FAPE) should be available (and accessible) to all children. Availability and Accessibility are critical issues.</p> <p>-Evaluation procedures require the involvement of “trained, knowledgeable personnel,” and have specific requirements and standards that reflect deference to culture (deaf, race and language) of the child/student being assessed.</p> <p>-The development of an Individualized Education program (IEP) by a team made up of “knowledgeable” or “expert” individuals is required.</p> <p>-The IEP team must take into account any:</p> <ul style="list-style-type: none"> <li>• “Special factors” related to the deaf or hard of hearing child;</li> <li>• “Related services” that are required or necessary to benefit or support the</li> </ul>		<p>use is 15+ years old and in need of replacement – no existing contingency or funds are available to replace or maintain this equipment.</p> <p>-There is a weakness in the coordination of services for children (ages 0-3 years) who are identified with hearing loss between ND Department of Human Services and ND Department of Public Instruction.</p> <p>-Access to quality audiology services is variably inadequate</p>	<p>provide and maintain the necessary screening equipment.</p> <p>A partnership/MOA between the ND Department of Human Services (Parent and Infant Development), the Center of Excellence and/or other necessary agencies will be explored to assure communication, coordination and cooperation, and establish joint standards and procedures (including a qualified teacher in the education of deaf/hard of hearing on all IFSP teams).</p> <p>Explore recruitment and retention within the state system.</p> <ul style="list-style-type: none"> <li>• Possible need for loan forgiveness/incentives.</li> <li>• Improve salary ranges.</li> <li>• Scholarship funds available through Minot State University for “growing our own” teachers (online accessibility for rural students).</li> </ul> <p>-Improve competitive salaries to attract applicants for available positions.</p> <p>-Explore opportunity to upgrade and expand the availability of</p>
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<p>student;</p> <ul style="list-style-type: none"> <li>• “Accommodations and adaptations;” and</li> <li>• “Least Restrictive Environment (LRE)” requirements. The Least Restrictive Environment must be considered to the maximum extent possible within an array or continuum of services. It must, also, be evaluated with regard to the potential for any harmful effects upon the child/student.</li> </ul> <p>-Parents are key to the decision-making process.</p> <p>-The most important components of a successful IEP process/plan are to have informed parents and team members that are knowledgeable, experienced and supportive.</p>		<p>throughout the state, but especially in rural areas/regions.</p> <p>-There is a real or perceived lack of necessary services and support for individuals with cochlear implants.</p>	<p>quality audiological services throughout the state including the use of “teleaudiology” services to address rural/distance issues.</p> <p>-Expand outreach services (like Great PALS) statewide to increase parent training for auditory learning opportunities for all children with cochlear implants as well as those using hearing aids.</p> <ul style="list-style-type: none"> <li>• Dispel the myth that no one in ND knows how to deal with cochlear implants while providing equitable services for all.</li> <li>• Assures that additional teachers in ND can offer similar services in auditory learning.</li> <li>• Allows for more time for a center-based approach.</li> <li>• Typically/traditionally, schools for the deaf do not have strong reputations for auditory learning programs.</li> </ul>
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## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired.*

### Profile Group: Preschool – 3 to 5 years of age

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<p>-Preschool services provided regionally around the state by special education units.</p> <p>-NDVS/SB has a model of service provision for this age group</p> <p>-Services to any special needs group will be more cost intensive than those of the “general public” and the comparison of these costs must be made in that context</p> <p>-Services vary from community to community, but parents and students want to have choices in services based on their specific and unique needs, and this relates directly to the common value of creating and enhancing a <i>continuum of services</i>.</p> <p>-University staff and faculty are supportive of the recruitment, training and retention of qualified professionals and wish to assist in any way possible</p>	<p>-5 day, center-based preschool Language rich environment, access to direct instruction.</p> <p>-Mainstream opportunities provided as appropriate.</p> <p>-Outreach provides: Assessment support; consultation, modeling, in-service; assistive devices; information and referral sources; direct service within the home school setting etc.; limited small group direct instruction</p> <p>-Play Group as organized by PIP staff.</p> <p>-Sign language coordination with NDSD classes and materials.</p> <p>-Family Learning Vacation.</p> <p>-Parent ListServ.</p> <p>-Teacher of the Deaf/Hard of Hearing ListServ by Outreach Staff.</p>	<p>-There is a general need for expanded Information and referral resources to parents and the public.</p> <p>-Parents and children do not possess the knowledge and skills necessary for them to adequately and appropriately advocate for their needs.</p> <p>-Parents and family members need more access to and instruction in sign language.</p> <p>- The general public lacks a working knowledge of the available resources and services for individuals who are deaf or hard of hearing.</p> <p>-Early childhood pre-school hearing screening is critical</p>	<p>See previous recommendations.</p> <p>See previous recommendations.</p> <p>See previous recommendations.</p> <p>See previous recommendations.</p> <p>All schools are encouraged to provide hearing screening by trained screening professionals using sound, consistent tools and techniques and supervised by an audiologist.</p> <ul style="list-style-type: none"> <li>• No mandate in place,</li> </ul>

<p>-The law says that a free, appropriate, public education (FAPE) should be available (and accessible) to all children. Availability and accessibility are critical issues</p> <p>-Evaluation procedures require the involvement of “trained, knowledgeable personnel,” and have specific requirements and standards that reflect deference to culture (deaf), race and language (of the child/student being assessed).</p> <p>-The development of an Individualized Education Program (IEP) by a team made up of “knowledgeable” or “expert” individuals is required.</p> <p>-The IEP team must take into account any:</p> <ul style="list-style-type: none"> <li>-“Special factors” related to the deaf or hard of hearing child;</li> <li>-“Related services” that are required or necessary to benefit or support the student;</li> <li>-“Accommodations and adaptations;”</li> <li>- “Least Restrictive Environment (LRE)” requirements. The Least Restrictive Environment must be</li> </ul>	<p>-Resource and referral.</p> <p>-Coordination with other agencies.</p> <p>-One Outreach staff member has severe to profound, bilateral hearing loss.</p> <p>-“Connections” newsletter.</p>	<p>-There is a lack of “frontloaded services” (i.e., self-contained options on the continuum of services) that focus on early/elementary grades.</p> <p>-The current and projected service and program needs for individuals who are deaf or hard of hearing exceed the current budgetary and resource pool.</p>	<p>voluntary only.</p> <ul style="list-style-type: none"> <li>• Does not imply the full time hiring of an audiologist by a school (many school districts have contracts).</li> </ul> <p>-If screening services are not available in the community, a referral will be made and NDSD will provide the service.</p> <p>Development of regional preschool programs for children who are deaf/hard of hearing.</p> <ul style="list-style-type: none"> <li>• Research-based, proactive response to need based on IEP development.</li> <li>• Consideration of some hearing students integrated.</li> <li>• Partnerships with others as needed.</li> <li>• Parental support will be critical.</li> <li>• Develop as a pilot project, incremental increases in program building and funding.</li> </ul> <p>-Develop and maintain a realistic and responsive budgeting process that incorporates additional funds and redirecting funds as needed to support the Transition Team’s recommendations.</p>
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<p>considered to the maximum extent possible within an array or continuum of services. It must, also, be evaluated with regard to the potential of any harmful effects upon the child/student.</p> <p>- Parents are key to the decision-making process</p> <p>- The most important components of a successful IEP process/plan are to have informed parents and team members that are knowledgeable, experienced and supportive.</p>		<p>-There is a shortages of teachers trained or certified in deaf education, especially in rural areas.</p> <p>-Deaf educator must be a team member for evaluation and IEP process</p> <p>-There is a need to clarify terminology and definitions used within the reporting system - "speech and language" vs. "hearing impairment"</p> <p>-There are distinct differences in services and priorities from region to region and Special Education District to Special Education District. This lack of consistency and uniformity regarding philosophy and priorities supports variability in availability and access to needed services on a statewide basis.</p> <p>-There is a real or perceived lack of necessary services and support for individuals with cochlear implants.</p> <p>-Access to quality audiology services is variably inadequate throughout the state, but especially</p>	<p>-See previous recommendations.</p> <p>-See previous recommendations Regarding teacher shortages, availability, quality standards and representation on IEP/IFSP teams.</p> <p>-Develop and provide professional development opportunities and/or trainings for Special Education Directors and teachers statewide.</p> <ul style="list-style-type: none"> <li>• Through "Blue Book" training</li> <li>• Not just bringing in a speaker; using practical methods with pre and post testing, utilize mentoring</li> <li>• DPI guidance paper can help with IEP questions</li> </ul> <p>-See previous recommendations</p> <p>-See previous recommendations</p>
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		in rural areas/regions.	
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WORKING DRAFT



## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired.*

### Profile Group: Infants – Elementary – 6 to 11 years of age

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<p>-We need to know what other states have done, are doing and would be willing to do. Developing partnerships will be important.</p> <p>-NDVS/SB has a successful school age outreach model</p> <p>-Services to any special needs group will be more cost intensive than those of the “general public” and the comparison of these costs must be made in that context</p> <p>-Services vary from community to community, but parents and students want to have choices in services based on their specific and unique needs, and this relates directly to the common value of creating and enhancing a continuum of services.</p> <p>-University staff and faculty are supportive of the recruitment, training and retention of qualified professionals and wish to assist in</p>	<p>-5 day, center-based educational program same as above.</p> <p>-Mainstream opportunities provided as appropriate</p> <p>-Outreach provides: All of the above:</p> <p>-Two summer camp opportunities for deaf/hard of hearing students from across the state Younger 7-13 Older 13-19+</p> <p>-Connections newsletter.</p> <p>-ListServ of teachers to utilize each other’s expertise and announce upcoming activities for students and teachers.</p> <p>-IVN opportunities</p> <p>-One Outreach staff member has severe to profound, bilateral hearing loss.</p>	<p>-There is a general need for expanded Information and referral resources to parents and the public.</p> <p>-Parents and children do not possess the knowledge and skills necessary for them to adequately and appropriately advocate for their needs.</p> <p>-Parents and family members need more access to and instruction in sign language.</p> <p>-Educate and ensure school districts hire nationally certified interpreters.</p> <p>-Lack of qualified interpreters and deaf role models in school systems and communities.</p>	<p>-See previous recommendations</p> <p>-See previous recommendations</p> <p>-See previous recommendations</p> <p>Support legislation for enforcement clause for requirement for nationally certified sign language interpreters.</p> <p>-Address the shortage of interpreters in classrooms.</p> <ul style="list-style-type: none"> <li>• Following Interpreter training, student should work for 2 years with a mentor before taking the national certification test.</li> <li>• Similar requirements as SD</li> </ul>

<p>any way possible</p> <p>-The law says that a free, appropriate, public education (FAPE) should be available (and accessible) to all children. Availability and accessibility are critical issues</p> <p>-Evaluation procedures require the involvement of “trained, knowledgeable personnel,” and have specific requirements and standards that reflect deference to culture (deaf), race and language (of the child/student being assessed).</p> <p>-The development of an Individualized Education Program (IEP) by a team made up of “knowledgeable” or “expert” individuals is required</p> <p>-The IEP team must take into account/consideration any: “Special factors” related to the deaf or hard of hearing child; “Related services” that are required or necessary to benefit or support the student; “Accommodations and adaptations;” and “Least Restrictive Environment</p>			<p>has</p> <ul style="list-style-type: none"> <li>• Have not developed penalties</li> <li>• Address this in the same way as “hard to fill” positions</li> <li>• Potential for allowing hiring of non-certified interpreter and given a “provisional certification” and after 2 years of practice and mentoring, take the test</li> <li>• Nationally, a 4 year degree is required to “sit” for the certification; the program at LRSC is only a 2 year program and students then need to go out of state to finish a degree</li> <li>• Explore a partnership with Minot State University for completion of 4 year degree</li> <li>• The degree can be in any field as long as you have the training courses for interpretation</li> <li>• Lack of any sort of governing body to provide enforcement or to issue provisional licenses</li> </ul> <p>NOTE: Michelle will provide a report on the draft legislation at the May meeting.</p>
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<p>(LRE)” requirements. The Least Restrictive Environment must be considered to the maximum extent possible within an array or continuum of services. It must, also, be evaluated with regard to the potential of any harmful effects upon the child/student.</p> <p>- Parents are key to the decision-making process</p> <p>- The most important components of a successful IEP process/plan are to have informed parents and team members that are knowledgeable, experienced and supportive.</p> <p>-The issue of cost comparisons, beyond establishing some general parameters, is neither possible/reliable because of the significant variance in factors, nor should it be a major function of the TT’s or a focus of the plan.</p> <p>-\$80,300, the amount identified as the annual per student cost at NDSD (2007 – 2009) includes both residential services and indirect services and appears about average when compared to other similar state facilities in the Midwest. The \$15,992 (2001) national average of</p>		<p>-NDSD advisory board needs to have more deaf members.</p> <p>- The general public lacks a working knowledge of the available resources and services for individuals who are deaf or hard of hearing.</p> <p>-Shortages of teachers trained or certified in deaf education (especially, but not exclusive to rural areas).</p> <p>-Access to good audiology services in rural regions.</p> <p>-There is a lack of appropriate social opportunities for children and parents.</p> <p>-Outreach services to children are limited and inadequate because of staff shortages at NDSD.</p> <p>-There are not enough itinerant or self-contained classrooms for deaf/hard of hearing.</p> <p>-There are distinct differences in the quality, availability and accessibility of services for K-12 students and young adults from region to region. This is due to the</p>	<p>See previous recommendations</p> <p>See previous recommendations</p> <p>See previous recommendations</p> <p>See previous recommendations</p>
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<p>the cost of community-based public education seems to support the current anecdotal range of \$10,000 - \$20,000 for a ND student.</p> <p>-Factors other than cost (including parent/student choice and available community services) are critical to this discussion, and there may be instances where community-based services can actually be more costly than traditional residential services, based on the degree of the individual students need.</p> <p>- The significantly larger number of students identified in the Bismarck region than in either Fargo or Grand Forks was observed, and although there is no clear reason for the disparity it may be related to the active hearing screening process used in Bismarck and/or general accuracy of reporting data. Bismarck has also been noted to have a specific, full time coordinator for these services unlike other areas of the state.</p> <p>- There may also be some disparity in the “identification” process of hearing loss/deafness with some students possibly being identified in</p>		<p>lack of consistent and uniform policy, philosophy and priorities regarding services and supports variability in availability and access to needed services on a statewide basis. In general, remote or rural areas tend to be more “underserved” than major population centers.</p> <p>-There is a lack of “frontloaded services” (i.e., self-contained options on the continuum of services) that focus on early/elementary grades.</p>	
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the speech and language disabilities categories.			
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WORKING DRAFT

## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired."*

### Profile Group: Junior High/Middle School – 12 to 15 years of age

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<ul style="list-style-type: none"> <li>-We need to know what other states have done, are doing and would be willing to do. Developing partnerships will be important.</li> <li>-NDVS/SB has a successful school age outreach model</li> <li>-Services to any special needs group will be more cost intensive than those of the "general public" and the comparison of these costs must be made in that context</li> <li>-Services vary from community to community, but parents and students want to have choices in services based on their specific and unique needs, and this relates directly to the common value of creating and enhancing a continuum of services.</li> <li>-University staff and faculty are supportive of the recruitment, training and retention of qualified professionals and wish to assist in any way possible</li> </ul>	<ul style="list-style-type: none"> <li>-5 day, center-based educational program same as above.</li> <li>-Mainstream opportunities provided as appropriate</li> <li>-Outreach provides: All of the above:</li> <li>-Two summer camp opportunities for deaf/hard of hearing students from across the state</li> <li>Younger 7-13</li> <li>Older 13-19+</li> <li>-Connections newsletter.</li> <li>-ListServ of teachers to utilize each other's expertise and announce upcoming activities for students and teachers.</li> <li>-IVN opportunities</li> <li>-One Outreach staff member has severe to profound, bilateral hearing loss.</li> </ul>	<ul style="list-style-type: none"> <li>-There is a general need for expanded Information and referral resources to parents and the public.</li> <li>-Parents and children do not possess the knowledge and skills necessary for them to adequately and appropriately advocate for their needs.</li> <li>-Parents and family members need more access to and instruction in sign language.</li> <li>-Educate and ensure school districts hire nationally certified interpreters.</li> <li>-Lack of qualified interpreters in school systems and communities.</li> <li>-NDSD advisory board needs to have more deaf members.</li> <li>-The general public lacks a working knowledge of the available resources and services for individuals who are deaf or hard of</li> </ul>	<ul style="list-style-type: none"> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> </ul>

<p>-The law says that a free, appropriate, public education (FAPE) should be available (and accessible) to all children. Availability and accessibility are critical issues</p> <p>-Evaluation procedures require the involvement of “trained, knowledgeable personnel,” and have specific requirements and standards that reflect deference to culture (deaf), race and language (of the child/student being assessed).</p> <p>-The development of an Individualized Education Program (IEP) by a team made up of “knowledgeable” or “expert” individuals is required</p> <p>-The IEP team must take into account/consideration any:</p> <ul style="list-style-type: none"> <li>- “Special factors” related to the deaf or hard of hearing child;</li> <li>-“Related services” that are required or necessary to benefit or support the student;</li> <li>- “Accommodations and adaptations;” and</li> <li>- “Least Restrictive Environment (LRE)” requirements. The Least</li> </ul>		<p>hearing.</p> <p>-Social opportunities for children and parents.</p> <p>-Summer programs (camps, family weekends, etc).</p> <p>-There is a lack of “frontloaded services” (i.e., self-contained options on the continuum of services) classrooms for deaf/hard of hearing.</p> <p>-There are distinct differences in the quality, availability and accessibility of services for K-12 students and young adults from region to region. This is due to the lack of consistent and uniform policy, philosophy and priorities regarding services and supports and variability in availability and access to needed services on a statewide basis. In general, remote or rural areas tend to be more “underserved” than major population centers.</p> <p>-Shortages of teachers trained or certified in deaf education especially in rural areas</p> <p>-Access to quality audiology</p>	<p>-See previous recommendations.</p> <p>-See previous recommendations.</p> <p>-See previous recommendations.</p> <p>-See previous recommendations.</p>
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<p>Restrictive Environment must be considered to the maximum extent possible within an array or continuum of services. It must, also, be evaluated with regard to the potential of any harmful effects upon the child/student.</p> <ul style="list-style-type: none"> <li>- Parents are key to the decision-making process</li> <li>- The most important components of a successful IEP process/plan are to have informed parents and team members that are knowledgeable, experienced and supportive.</li> <li>-The issue of cost comparisons, beyond establishing some general parameters, is neither possible/reliable because of the significant variance in factors, nor should it be a major function of the TT's or a focus of the plan.</li> <li>-\$80,300, the amount identified as the annual per student cost at NDSD (2007 – 2009) includes both residential services and indirect services and appears about average when compared to other similar state facilities in the Midwest. The \$15,992 (2001) national average of the cost of community-based public</li> </ul>		<p>services is variably inadequate throughout the state, but especially in rural areas/regions.</p>	
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<p>education seems to support the current anecdotal range of \$10,000 - \$20,000 for a ND student.</p> <p>-Factors other than cost (including parent/student choice and available community services) are critical to this discussion, and there may be instances where community-based services can actually be more costly than traditional residential services, based on the degree of the individual students need.</p>			
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## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired."*

### Profile Group: High School/Transition – 16 to 21 years of age or graduation

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<ul style="list-style-type: none"> <li>-We need to know what other states have done, are doing and would be willing to do. Developing partnerships will be important.</li> <li>-NDVS/SB has a successful school age outreach model</li> <li>-Services to any special needs group will be more cost intensive than those of the "general public" and the comparison of these costs must be made in that context</li> <li>-Services vary from community to community, but parents and students want to have choices in services based on their specific and unique needs, and this relates directly to the common value of creating and enhancing a continuum of services.</li> <li>-University staff and faculty are supportive of the recruitment, training and retention of qualified professionals and wish to assist in any way possible</li> </ul>	<ul style="list-style-type: none"> <li>-5 day, center-based educational program same as above.</li> <li>-Mainstream opportunities provided as appropriate</li> <li>-Outreach provides: All of the above:</li> <li>-Two summer camp opportunities for deaf/hard of hearing students from across the state</li> <li>Younger 7-13</li> <li>Older 13-19+</li> <li>-Connections newsletter.</li> <li>-ListServ of teachers to utilize each other's expertise and announce upcoming activities for students and teachers.</li> <li>-IVN opportunities</li> <li>-One Outreach staff member has severe to profound, bilateral hearing loss.</li> </ul>	<ul style="list-style-type: none"> <li>-There is a general need for expanded Information and referral resources to parents and the public.</li> <li>-Parents and children do not possess the knowledge and skills necessary for them to adequately and appropriately advocate for their needs.</li> <li>-Parents and family members need more access to and instruction in sign language.</li> <li>-Educate and ensure school districts hire nationally certified interpreters.</li> <li>-Lack of qualified interpreters in school systems and communities. Information/referral/resources for parents.</li> <li>-NDSD advisory board needs to have more deaf members.</li> <li>-The general public lacks a working knowledge of the available</li> </ul>	<ul style="list-style-type: none"> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> <li>-See previous recommendations.</li> </ul>

<p>-The law says that a free, appropriate, public education (FAPE) should be available (and accessible) to all children. Availability and accessibility are critical issues</p> <p>-NDSD has traditionally provided opportunities for students to receive specific vocational training and experience.</p> <p>-Evaluation procedures require the involvement of “trained, knowledgeable personnel,” and have specific requirements and standards that reflect deference to culture (deaf), race and language (of the child/student being assessed).</p> <p>-The development of an Individualized Education Program (IEP) by a team made up of “knowledgeable” or “expert” individuals is required</p> <p>-The IEP team must take into account/consideration any:</p> <ul style="list-style-type: none"> <li>-“Special factors” related to the deaf or hard of hearing child;</li> <li>- “Related services” that are required or necessary to benefit or</li> </ul>		<p>resources and services for individuals who are deaf or hard of hearing.</p> <p>-Social opportunities for children and parents.</p> <p>-Summer programs (camps, family weekends, etc).</p> <p>-Employment support services (i.e. job placement, training, etc.).</p> <p>-More community-based work experience for the students while they are still in school at NDSD – I know they do some now, but they could take advantage of the transition grant funds for some more funding options.</p> <p>-Job Corps is not meeting the needs of applicants for that program who are deaf –Job Corps claims they can’t find interpreters</p> <p>- “Sign language” as a language in some of the North Dakota High Schools.</p> <p>-Few itinerant or self-contained classrooms for deaf/hard of hearing.</p> <p>-There are distinct differences in</p>	<p>-See previous recommendations.</p>
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<p>support the student;</p> <ul style="list-style-type: none"> <li>- “Accommodations and adaptations;”</li> <li>- “Least Restrictive Environment (LRE)” requirements. The Least Restrictive Environment must be considered to the maximum extent possible within an array or continuum of services. It must, also, be evaluated with regard to the potential of any harmful effects upon the child/student.</li> <li>- Parents are key to the decision-making process</li> <li>- The most important components of a successful IEP process/plan are to have informed parents and team members that are knowledgeable, experienced and supportive.</li> <li>-The issue of cost comparisons, beyond establishing some general parameters, is neither possible/reliable because of the significant variance in factors, nor should it be a major function of the TT’s or a focus of the plan.</li> <li>-\$80,300, the amount identified as the annual per student cost at NDSD (2007 – 2009) includes both residential services and indirect</li> </ul>		<p>the quality, availability and accessibility of services for K-12 students and young adults from region to region. This is due to the lack of consistent and uniform policy, philosophy and priorities regarding services and supports and variability in availability and access to needed services on a statewide basis. In general, remote or rural areas tend to be more “underserved” than major population centers.</p> <p>-Students of high school age need experiences with job exploration activities. These students also need help in obtaining summer jobs in their home communities, with the possible use of job coaches and interpreters.</p> <p>-Vocational Rehabilitation counselors who understand the disability area of D/HH of hearing students’ needs and limitations.</p> <p>-While the student is in high school, if they have a certified teacher of D/HH students, this population can rely on the certified teacher to advise VR about appropriate services.</p>	
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<p>services and appears about average when compared to other similar state facilities in the Midwest. The \$15,992 (2001) national average of the cost of community-based public education seems to support the current anecdotal range of \$10,000 - \$20,000 for a ND student.</p> <p>-Factors other than cost (including parent/student choice and available community services) are critical to this discussion, and there may be instances where community-based services can actually be more costly than traditional residential services, based on the degree of the individual students need.</p>		<p>-Shortages of teachers trained or certified in deaf education especially in rural areas</p> <p>-Access to quality audiology services is variably inadequate throughout the state, but especially in rural areas/regions.</p>	<p>-See previous recommendations.</p> <p>-See previous recommendations.</p>
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## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired."*

### Profile Group: Young Adults – 22 to 35 years of age

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<ul style="list-style-type: none"> <li>-We need to know what other states have done, are doing and would be willing to do. Developing partnerships will be important.</li> <li>-NDVS/SB has a successful outreach model</li> <li>-Challenges of dealing with a diverse adult population are no different than the complexity of dealing with the diverse needs of children. There are differing needs and responses for those with lifelong deafness and those who are losing hearing gradually, such as the aging population.</li> <li>-There appear to be more comprehensive services available for adults who are deaf or hard of hearing in Minnesota (and other states). These include, but are not limited to vocational training and job placement, mental health and other support services.</li> <li>-Eligibility for VR services are based</li> </ul>	<ul style="list-style-type: none"> <li>-One Outreach staff member has severe to profound, bilateral hearing loss.</li> <li>-Assistive Technology demonstration van.</li> <li>-Connections newsletter.</li> <li>-Variety of printed resources.</li> <li>-Adult support group in Fargo area.</li> <li>-Mini-workshops, in-services or direct services are provided for any number of topics: care and cleaning of hearing aids, lip-reading, strategies on how to deal with noisy situations.</li> <li>-Assessment support Strategies to communicate better with family members.</li> <li>-Information and referral from list of audiologists and hearing aid dealers as to where to discard hearing aids.</li> </ul>	<ul style="list-style-type: none"> <li>-Lack of qualified interpreters.</li> <li>-Employment support services (i.e. job placement, training, etc.).</li> <li>-Public education (i.e. relay service, employment, interpreting service, etc.).</li> <li>-Mental health counseling.</li> <li>-Continuing education/adult basic education.</li> <li>-An Occupational Skills curriculum similar to the one offered at Brainerd, MN, for students who are college bound</li> <li>-A good vocational evaluation program to help determine needs, or job readiness skills (soft skills) programs with a deaf emphasis. More education is needed for businesses on how to hire, interview, train, etc individuals who are deaf.</li> </ul>	<ul style="list-style-type: none"> <li>-See previous recommendations.</li> </ul>

<p>on establishing the existence of a physical or mental impairment that is a substantial impediment to employment and the expectation of employment upon provision of services.</p> <p>-Individuals must have exited the school system (generally graduation or age 21 unless they are receiving transition services from VR) with no upper limit on age, although to be eligible an individual must have a vocational goal.</p>	<p>-One Outreach staff member has severe to profound hearing loss.</p>	<p>-Care and consideration should be given to people who “live” the situation and have opinions and information.</p> <p>-Comprehensive services available for adults who are deaf or hard of hearing in Minnesota (and other states).</p> <p>-Human service professionals often do not have the specialized communication skills needed to work with individuals who are deaf or hard of hearing.</p> <p>-Better terminology used to describe these eligibility requirements.</p> <p>-Not necessarily a VR staff member who has expertise and responsibility for services to individuals who are D/HH</p> <p>-VR counselors are not experienced or adequately aware of the specialized needs of deaf students.</p> <p>-Attention should be paid to educating and empowering deaf and hard of hearing students (including having peer or advocate assistance as they move into and through this process) and a suggestion that VR</p>	
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		<p>counselors could be provided with additional training to improve their understanding of deafness, hearing loss and deaf culture.</p> <p>-Although adequate services are available or can be arranged on many campuses, there are gaps and service deficiencies that tend to limit a student's choices and options.</p> <p>-Young adults and adults who are deaf sometimes come to the realization that they need work training/college or retraining to do better in life. It is easier to help students who are transitioning from high school to post-secondary training. However, when the student has been out of school, he/she is at a loss of how to obtain this goal. If the student needs skills assessments and/or tests, there is a need for an entity to be responsible to provide this and deafness and deaf culture impacts the results.</p> <p>-Need for Vocational Rehabilitation counselors who understand the disability area of deaf/hard of hearing students' needs and limitations to better program for them and help with appropriate recommendations for future jobs, etc.</p>	
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		<p>-For lower income young adults, Medicaid will only pay for one hearing aid at a time. What happens if the person needs two hearing aids?</p>	
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WORKING DRAFT

## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired."*

### Profile Group: Adults – 36 to 64 years of age

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<p>-We need to know what other states have done, are doing and would be willing to do. Developing partnerships will be important.</p> <p>-NDVS/SB has a successful outreach model.</p> <p>-Challenges of dealing with a diverse adult population are no different than the complexity of dealing with the diverse needs of children. There are differing needs and responses for those with lifelong deafness and those who are losing hearing gradually, such as the aging population.</p> <p>-There appear to be more comprehensive services available for adults who are deaf or hard of hearing in Minnesota (and other states). These include, but are not limited to vocational training and job placement, mental health and other support services.</p> <p>Eligibility for VR services are based</p>		<p>-Lack of qualified interpreters.</p> <p>-Employment support services (i.e. job placement, training, etc.).</p> <p>-Public education (i.e. relay service, employment, interpreting service, etc.). Mental health counseling.</p> <p>-Continuing education/adult basic education.</p> <p>-A family therapist who specializes in the hearing impaired culture.</p> <p>Certified interpreter for mentors.</p> <p>-It is a struggle when you have an individual who needs A/D 3.5 level treatment. We have two A/D staff that sign and are comfortable doing one-on-one with a deaf person, but they cannot lead a group and sign. So sometimes deaf clients do not get the level of care that would be recommended i.e., 3.5 but instead get one on one individual service.</p>	<p>-See previous recommendations.</p>

<p>on establishing the existence of a physical or mental impairment that is a substantial impediment to employment and the expectation of employment upon provision of services.</p> <p>Individuals must have exited the school system (generally graduation or age 21 unless they are receiving transition services from VR) with no upper limit on age, although to be eligible an individual must have a vocational goal.</p> <p>There is also a specific program for people with visual disabilities who are 55 years old or older. This group is not required to have a vocational goal. It was pointed out that this was apparently a political decision based in the late 1970's when Federal action established such services (started at \$3 million and is now up to \$33 million nationally). North Dakota is a "minimum allotment" state receiving \$225,000 per year, with a state match of 10%.</p>		<ul style="list-style-type: none"> <li>-NDSD alumni have expressed their desire to see the NDSD expand its role in the provision of human services to address the increasing needs of adults who are deaf or hard of hearing.</li> <li>-There are differing needs and responses for those with lifelong deafness and those who are losing hearing gradually, such as the aging population.</li> <li>-Data that identifies how many adults with hearing loss are unserved/under-served in North Dakota and the extent of their needs (population profiles)</li> <li>-Mental health services (without use of an interpreter).</li> <li>-Basic and expanded knowledge (professionals and the public) about deafness.</li> <li>-Improved interpreter services/access; interpreters must be certified by state law. The law lacks any provision for monitoring and enforcement.</li> <li>-Employment assistance and advocacy.</li> </ul>	
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		<p>-The potential of a Center of Excellence status for NDSD and the use of “exemplary” districts were discussed.</p> <p>-Young adults and adults who are deaf sometimes come to the realization that they need work training/college or retraining to do better in life. It is easier to help students who are transitioning from high school to post-secondary training. However, when the student has been out of school, he/she is at a loss of how to obtain this goal. If the student needs skills assessments and/or tests, there is a need for an entity to be responsible to provide this and deafness and deaf culture impacts the results.</p> <p>-For lower income adults, Medicaid will only pay for one hearing aid at a time.</p> <p>-Sources of funding to buy hearing aids.</p> <p>-Adult services around the state.</p>	
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## NDSD Future Services Plan

Date: April 12, 2010

Task #1: *Review the needs of all deaf and hearing-impaired persons throughout the state and develop a plan to provide comprehensive outreach services to all North Dakota Citizens who are deaf or hearing-impaired."*

### Profile Group: Seniors – 65+ years of age

Supporting Information	NDSD Services (current)	Identified Gaps	Recommendations/Action Steps
<p>-NDVS/SB has a successful outreach model for adults.</p> <p>-Challenges of dealing with a diverse adult population are no different than the complexity of dealing with the diverse needs of children. There are differing needs and responses for those with lifelong deafness and those who are losing hearing gradually, such as the aging population.</p> <p>-There appear to be more comprehensive services available for adults who are deaf or hard of hearing in Minnesota (and other states). These include, but are not limited to vocational training and job placement, mental health and other support services.</p> <p>-Population 60 and over is about 30% in North Dakota;</p> <p>-Those aged 85 and older are the fastest growing population in North Dakota;</p>		<p>-Lack of qualified interpreters.</p> <p>-Employment support services (i.e. job placement, training, etc.).</p> <p>-Public education (i.e. relay service, employment, interpreting service, etc.).</p> <p>-Mental health counseling.</p> <p>-Continuing education/adult basic education.</p> <p>-There are differing needs and responses for those with lifelong deafness and those who are losing hearing gradually, such as the aging population</p> <p>-A process to refer clients <i>unable to successfully use hearing aids</i> to a hearing loss professional /outreach person in this region.</p> <p>-Home visits by an outreach professional to address environmental adaptations, share</p>	<p>-See previous recommendations.</p>

<p>-There is not enough funding to serve all those who are in need.</p> <p>-The Older Americans Act dictates that people over 60 can be served.</p> <p>-Meals on Wheels and Congregate Meals.</p> <p>Transportation Services;</p> <p>-Specialized Equipment/Assistive Devices through the Interagency Program for Assistive technology (IPAT); -The budget for this program is approximately \$180,000 every 2 years and has never been sufficient to meet all of the needs; and IPAT also recycles non-working and/or out-of-date equipment.</p> <p>-Telecommunication Equipment (ND phone bills include a \$1 monthly charge). These funds are used to provide telecommunication devices to deaf and hard of hearing citizens.</p> <p>-There is also a specific program for people with visual disabilities who are 55 years old or older. It was pointed out that this was apparently a political decision</p>		<p>information about inexpensive hearing assistive devices. The lack of availability of quality hearing aids and the training of consumers in their use and adjustment. Hearing aids are often needed without any resources to pay for these very costly items.</p> <p>-The current and projected service and program needs for individuals who are deaf or hard of hearing exceed the current budgetary and resource pool.</p> <p>-Eligibility for Medicaid is required to qualify for some programs and this requirement stressed the difficulties in general communication and specifically in sharing service and program information with seniors who are deaf or hard of hearing due to a shortage of interpreters to serve in this role.</p> <p>-A gap in services in our senior population across the state. Both in and out of nursing home facilities and assisted living units. The gap varies from region to region.</p> <p>-Sources of funding to buy hearing aids.</p>	<p>- See previous recommendations.</p>
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<p>based in the late 1970's when Federal action established such services (started at \$3 million and is now up to \$33 million nationally). North Dakota is a "minimum allotment" state receiving \$225,000 per year, with a state match of 10%.</p> <p>- As ND "grays" it will be important to partner with organizations that could assist with getting out the message and affirming the availability of outreach services (AARP, Aging Services, ND Long Term Care Association).</p> <p>-The Department of Human Services (DHS) has received federal funding for a pilot project in Burleigh County for an Aging and Disability Resource Center (ADRC - a single point of entry pilot) and this may be a potentially good future partner/resource.</p>		<p>-Advise seniors to obtain services by audiologist vs. hearing aid dealer.</p> <p>-Support person on a very regular basis to help teach care and maintenance of hearing aids.</p> <p>-Seniors learning options for discarded hearing aids.</p> <p>-Education/In-service on coping with hearing loss</p> <p>-In-services on using Assistive listening devices in churches, auditoriums, public buildings, etc.</p> <p>-Advising public agencies on what to buy or requirements for assistive listening devices, i.e.: church staffs, etc.</p> <p>-General education on buying hearing aids, i.e.: types of hearing aids, causes of hearing loss, that could be promoted at churches, in newsletters, senior centers, public seminars, etc.</p> <p>- There are instances where individuals or families have needs but don't know where to go or who to call for assistance. An example was given of a person with hearing</p>	
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		<p>loss in an assisted living facility that is becoming increasingly isolated because of the hearing loss.</p> <p>-In relation to assistance for older folks that have hearing loss, hearing aids are often needed without any resources to pay for these very costly items.</p>	
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